CONFERENCE COMMITTEE REPORT DIGEST FOR ESB 460

Citations Affected: IC 12-14-15-1; IC 12-15-2-6.

Synopsis: Audit and eligibility assistance for the disabled. Conference committee report for ESB 460. Amends eligibility requirements for assistance for disabled individuals. Requires the office of Medicaid policy and planning, in cooperation with the attorney general's office, to contract with an outside vendor to conduct an annual audit of specified areas of the Medicaid program. (This conference committee report: (1) removes references to activities of daily living in the Medicaid eligibility requirements for a disabled individual and resets current eligibility statutory language of performing labor or services or engaging in a useful occupation; (2) removes language that required the audit to be submitted to the attorney general, the health professions bureau, and specified boards and committees; and (3) adds language to require the office to provide the Medicaid clinical advisory committee with atypical or unusual information obtained under the audit.)

Effective: Upon passage; July 1, 2003.

Adopted Rejected

CONFERENCE COMMITTEE REPORT

MR. SPEAKER:

Your Conference Committee appointed to confer with a like committee from the Senate upon Engrossed House Amendments to Engrossed Senate Bill No. 460 respectfully reports that said two committees have conferred and agreed as follows to wit:

that the Senate recede from its dissent from all House amendments and that the Senate now concur in all House amendments to the bill and that the bill be further amended as follows:

Delete everything after the enacting clause and insert the following:
SECTION 1. IC 12-14-15-1, AS AMENDED BY P.L.67-2000,
SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
JULY 1, 2003]: Sec. 1. Assistance shall be given to a needy disabled
individual (referred to as "disabled person" in this chapter) who meets
the following qualifications:
(1) Has a pending application on file with the federal Social
Security Administration for assistance under Public Law 92-603,
supplemental security income (SSI), or is receiving assistance.
However, a person whose application for assistance under Public
Law 92-603 has been denied but who meets all other requirements
of this chapter is eligible for supplemental assistance.
(2) Has one (1) of the following:
(A) A physical or mental impairment, disease, or loss that is
verifiable by a physician licensed under IC 25-22.5, that appears
reasonably certain to result in death or that has lasted or appears
reasonably certain to last for a continuous period of at least four
(4) years twelve (12) months without significant improvement,
and that substantially impairs the individual's ability to perform
labor or services or to engage in a useful occupation.
(B) A mental impairment, disease, or loss that is:

- (i) diagnosed by a physician licensed under IC 25-22.5 or a health services provider in psychology licensed under IC 25-33-1; and
- (ii) verifiable by a physician licensed under IC 25-22.5 or a psychologist licensed under IC 25-33;

that has lasted or appears reasonably certain to last for a continuous period of at least four (4) years twelve (12) months without significant improvement, and that substantially impairs the individual's ability to perform labor or services or to engage in a useful occupation. Employment in a sheltered workshop or under an approved vocational rehabilitation plan is not considered a useful occupation for the purposes of this chapter. The determination of medical disability under this subdivision shall be made without reference to the individual's ability to pay for treatment.

- (3) Does not have a parent, spouse, or other legally responsible relative able to support the individual.
- (4) Is at least eighteen (18) years of age.

- (5) Is residing and intends to remain in Indiana in a bona fide living arrangement.
- (6) Has insufficient income or other resources to provide a reasonable subsistence according to the standards established by the division.
- (7) Except as otherwise provided in this chapter, is not an inmate of or being maintained by a municipal, state, or national institution while receiving assistance.
- (8) Has not, at any time within five (5) years immediately before the date of the filing of an application for assistance under this chapter, made an assignment or transfer of property for the purpose of making or that will make the individual eligible for assistance under this chapter, except as otherwise provided in this chapter.

SECTION 2. IC 12-15-2-6, AS AMENDED BY P.L.287-2001, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 6. (a) Subject to subsection (b), an individual who:

- (1) is receiving monthly assistance payments under the federal Supplemental Security Income program; and
- (2) meets the income and resource requirements established by statute or the office unless the state is required to provide medical assistance to the individual under Section 209(b) of Public Law 92-603 passed by the United States Congress 42 U.S.C. 1396a(f) or under Section 1619(b)(3) of the federal Social Security Act (42 U.S.C. 1382h); 42 U.S.C. 1382h;

is eligible to receive Medicaid.

(b) An individual who is receiving monthly disability assistance payments under the federal Supplemental Security Income program or the federal Social Security Disability Insurance program must meet the eligibility requirements specified in IC 12-14-15 unless the state is required to provide medical assistance to the individual under Section 1619(b)(3) of the federal Social Security Act (42 U.S.C. 1382h). 42 U.S.C. 1382h.

(c) The office may not apply a spend down requirement to an individual who is eligible for medical assistance under Section 1619(b)(3) of the federal Social Security Act (42 U.S.C. 1382h). 42 U.S.C. 1382h.

SECTION 3. [EFFECTIVE UPON PASSAGE] (a) The office of Medicaid policy and planning established by IC 12-8-6-1, in cooperation with the attorney general's office, shall contract with an outside vendor to conduct an annual audit of areas of the state Medicaid program, including:

- (1) the claims processing contractor;
- (2) provider billing practices; and

- (3) overutilization of services by Medicaid recipients.
- (b) The office of Medicaid policy and planning shall provide any atypical or unusual information collected under this SECTION to the Medicaid clinical advisory committee established under IC 12-15-33.5. The committee shall review individual cases of utilization and clinical practice.
- (c) Information obtained or used in the audit required under subsection (a) that identifies an individual Medicaid contractor, provider, or recipient must be kept confidential unless the attorney general commences an official action by the state concerning fraudulent activity.
- (d) The office of Medicaid policy and planning shall report to the state budget committee and the select joint commission on Medicaid oversight upon request regarding the office's implementation of this SECTION.
- 27 (e) This SECTION expires December 31, 2007.
- 28 SECTION 4. An emergency is declared for this act.

(Reference is to ESB 460 as reprinted April 1, 2003.)

Conference Committee Report on Engrossed Senate Bill 460

Signed by:

Senator Miller
Chairperson

Representative Brown C

Senator Simpson

Representative Lehe

Senate Conferees

House Conferees